FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -9 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727318

1. Corporation Name

THE CONQUEROR CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
3948 N.E. 169 Street North Miami Beach, Florida 33160	

2. Principal Place of Business	2a. Mailing Address
21	26 same as above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 1963

4. FEI Number: 59-1882599 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Amos Weintraub

10. Name and Address of New Registered Agent

81 Name: Amos Weintraub
82 Street Address (P.O. Box Number is Not Acceptable): 3600 NE 167th Street
83 North Miami Beach
84 City — FL — 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Amos Weintraub — Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE: Feb-28-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE (D)	President	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	Gonzalo De Ramon		12 NAME	
STREET ADDRESS	3948 N.E. 169 Street, Apt. # 501		13 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, Fl. 33160		14 CITY-ST-ZIP	
TITLE (D)	Vice President	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	Cosmo Tria		22 NAME	
STREET ADDRESS	3948 N.E. 169 Street, Apt. # 401		23 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, Fl. 33160		24 CITY-ST-ZIP	
TITLE (D)	Treasurer	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	Yair Levy		32 NAME	
STREET ADDRESS	17601 N.E. 9th Avenue		33 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, Fl. 33162		34 CITY-ST-ZIP	
TITLE (D)	Secretary	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	Paul Gilje		42 NAME	
STREET ADDRESS	3948 N.E. 169 Street, Apt. # 606		43 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, Fl. 33160		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

100002811087I--9
-03/18/99--01084--003
*****61.25 *****61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Gilje PAUL GILJE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/18/99
Daytime Phone #: 305 919-8089

CR2E037 (11/98)